| CRIME / INCIDENT | REPORT | | | | | |
|---|--|---------------------------------------|--------------------------------------|-------------------------------|-------------------|------------------|
| PART A - COVER SHEET | | INCIDEN' | | IT LOG NUMBER INCIDENT DATE | | INCIDENT TIME |
| CDCR 837-A (Rev. 07/0 | 5) | PAGE 1 OF | _ | | | |
| INSTITUTION FACILITY | ' FACILITY LEVEL | INCIDENT SITE ILC | CATION | ASU SH | U PSU SEG. YA | RD: USE OF FORCE |
| inerrient inerrient | | INOIDENT ONE | | | | _ |
| | | | | 1 — — | ш □стс □сс □ |]WA □YES □ NO |
| | | | | GP RO | | |
| SPECIFIC CRIME / INCIDENT | | | | CCR PC | C □ N/A | |
| | | | | NUMBER/SUBS | SECTION: | |
| D. A. REFERRAL ELIGIBLE | CRISIS RESPO | ONSE TEAM ACTIVATI | ΞD | MUTUAL AI | D REQUESTED | PIO/AA NOTIFIED |
| ☐ YES ☐ NO | ☐ YES ☐ | NO | | │ | ■ NO | ☐ YES ☐ NO |
| | REL | ATED INFORMATION | (CHECK ALL T | THAT APPLY OR N | I/A) | |
| DEATH | CAUSE OF DEATH | ASSAULT | | | PE OF ASSAULT / B | ATTERY |
| | ACCIDENTAL NATU | | | ☐ BEATING | | |
| ☐ INMATE ☐ ☐ ☐ ☐ STAFF ☐ ☐ | = | · · · · · · · · · · · · · · · · · · · | = | GASSING | ☐ SPEARI | |
| | ☐ EXECUTION ☐ UNKNOWN ☐ ON STAFF | | | | | |
| | ☐ HOMICIDE ☐ ON VISITOR | | - | POISONING STRANGLING | | |
| OTHER: | | ☐ OTHER | : [| SEXUAL | OTHER: | |
| | OVERDOSE | | —— <u> </u> | SHOOTING | □ N/A | |
| □ N/A | □ N/A | □ N/A | | SLASHING | □ N/A | |
| SERIOUS INJURY INMATE WEAPONS | | | TYPE OF WEAPON / SHOTS FIRED / FORCE | | | |
| ☐ INMATE ☐ | CHEMICAL SUBSTANCE | TYPE: | | WEAPON: V | VARNING # EFFEC | T # BATON ROUND: |
| STAFF | CLUB / BLUDGEON | ☐ COMMERCI | AL WEAPON | ☐ MINI 14 | | TYPE / NO: |
| ☐ VISITOR ☐ | EXPLOSIVE | _ | | 38 CAL. | | WOOD |
| | FIREARM | ☐ INMATE MA | NUFACTURED | I | | RUBBER |
| | | WEAPON | | SHOTGUN | | FOAM |
| | KNIFE | | | LAUNCHER: | | STINGER: |
| | SAP/SLUNG SHOT | | | ☐ 37MM | | .32 (A) |
| | | | | L8 | | .60 (B) |
| ESCAPES | | | | ☐ 40MM | | EXACT IMPACT |
| | | IT· (TYPF) | | 40MM MULTI | | CTS 4557 |
| | STABBING INSTRUMEN | T: (TVDE) | | HFWRS | | XM 1006 |
| | | | | FORCE: | | CHEMICAL: |
| ☐ W/O FORCE ☐ ☐ | OTHER. | | | EXPANDABL | E DATON | □ oc |
| | BODILY FLUID O | THER FLUID: | | I = | | |
| □ N/A □ UNKNOWN LIQUID | | | | ☐ PHYSICAL FORCE☐ X10 | | |
| | N/A | | | l — | | |
| CONTROLLED SUBSTANCE WEIGHT | | - BROODA | NA OTATUO | OTHER: EXCEPTIONAL ACTIVITY | | |
| | | | M STATUS | _ | | |
| POSITIVE UA | ☐ WITH PACKAGIN | | | ☐ EMPLOYEE | | ☐ WEATHER |
| ☐ CONTROLLED MEDS ☐ WITHOUT PACK | | GING 🔲 LOCKDOW | N | ☐ ENVIRONME | NTAL HAZARD | ☐ SEARCH WARRANT |
| - | PRELIMINARY LAI | B STATE OF | EMERGENCY | EXPLOSION | | ☐ ARREST |
| AMPHETAMINE | | <u> </u> | | ☐ FIRE | | OTHER: |
| ☐ BARBITURATES | l | IF YES, LIST A | FFECTED | GANG/DISRU | IPTIVE GROUP | |
| ☐ COCAINE | l | PROGRAMS: | | ☐ HOSTAGE | | |
| ☐ CODEINE | l | | | ☐ INMATE STR | IKE | EXTRACTION: |
| ☐ HEROIN | | | | ☐ MAJOR DIST | URBANCE | ☐ CALCULATED |
| MARIJUANA/THC | | | │ | | ☐ EMERGENCY | |
| METHAMPHETAMINE | | | | ☐ NATURAL DISASTER | | |
| ■ MORPHINE | | | | ☐ PUBLIC DEM | ONSTRATION | |
| | | N/A | | SPECIAL INT | EREST I/M | □ N/A |
| OTHER: | | | | _ | | _ |
| ☐ OTHER: | | | | l . | | |
| □ N/A | INCIDENT (ONE OR TWO | SENTENCES): | | | | |
| _ | INCIDENT (ONE OR TWO | SENTENCES): | | | | |
| □ N/A | INCIDENT (ONE OR TWO | SENTENCES): | | | | |
| □ N/A | INCIDENT (ONE OR TWC | SENTENCES): | | | | |
| □ N/A | INCIDENT (ONE OR TWC | SENTENCES): | | | | |
| N/A BRIEF DESCRIPTION OF | | SENTENCES): | | | | |
| N/A BRIEF DESCRIPTION OF COMPLETE SYNOPSIS / S | SUMMARY ON PART A1 | | TI F | # חו | | RADGE # |
| N/A BRIEF DESCRIPTION OF | SUMMARY ON PART A1 | | TLE | ID# | | BADGE # |
| N/A BRIEF DESCRIPTION OF COMPLETE SYNOPSIS / S | SUMMARY ON PART A1 | | TLE | ID# | | BADGE # |
| N/A BRIEF DESCRIPTION OF COMPLETE SYNOPSIS / S NAME OF REPORTING S | SUMMARY ON PART A1 TAFF (PRINT/TYPE) | | TLE | | (INCIDENT SITE) | |
| N/A BRIEF DESCRIPTION OF COMPLETE SYNOPSIS / S | SUMMARY ON PART A1 TAFF (PRINT/TYPE) | | TLE | | . (INCIDENT SITE) | BADGE # |
| N/A BRIEF DESCRIPTION OF COMPLETE SYNOPSIS / S NAME OF REPORTING S | SUMMARY ON PART A1 TAFF (PRINT/TYPE) | | TLE | | . (INCIDENT SITE) | |
| N/A BRIEF DESCRIPTION OF COMPLETE SYNOPSIS / S NAME OF REPORTING S | SUMMARY ON PART A1 TAFF (PRINT/TYPE) ING STAFF | | TLE | | (INCIDENT SITE) | |